



6400 Canoga Ave., Suite 306 • Woodland Hills, CA 91367 • (818) 631-9608

INTAKE & INFORMED CONSENT - ADULTS

Name of Client: _____

Age & Date of Birth: _____

Address: _____

Cell Phone: _____ Home Phone: _____

Email: _____ Occupation: _____

Please check "yes" or "no"

Yes No

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

My therapist may call me or leave messages on my cell phone.

My therapist may call or leave messages me at my home number.

My therapist may communicate with me by email.

My therapist may communicate with me by text.

In case of emergency, contact: Name _____ Phone: _____

Relationship Status: Married Divorced Separated Long-term Relationship
 In the Process of Separating/Divorcing Remarried Single

Other family/household members _____

Current prescriptions/medical conditions _____

Reason for seeking Psychotherapy now is _____

Have I participated in psychotherapy before? Yes No

If yes, describe the experience and outcome _____

Confidentiality

It is the law that therapy be kept confidential, unless: You intend to harm yourself or someone else; you say something that raises even the suspicion of child abuse, elder/dependent adult abuse, or it comes to bear the your child is being abused by someone else. In these circumstances, state law requires me to notify the appropriate authorities. Records produced by me are my sole possession, but, at your written request, you are entitled to a summary of these confidential records. After ten years, these records will be destroyed in a manner that preserves confidentiality.

Email, texts, Skype, or Internet sessions, and even phone exchanges are not guaranteed to be confidential. By using these means of communication, Client acknowledges and accepts the risk to confidentiality and privacy.

Payment of Fees

My fee for a 50 minute psychotherapy session is \$175, payable at the time of service. I do not bill insurance companies, but will provide you with a monthly billing statement, which you can submit for reimbursement.

Cancellation Policy

If you are unable to keep your appointment, please call and cancel as soon as possible. You will be charged-in-full for appointments that are canceled less than **48 hours** in advance. Cancellation notice should be left on Therapist's voicemail at (818) 631-9608. There are a limited number of hours that I am available, and this policy ensures that I can utilize your reserved time. Thank you for your understanding of this policy.

Social Media Policy

Therapist does not interact with clients on internet networking sites (examples include but are not limited to LinkedIn and Facebook). For Client's therapeutic benefit and feeling of safety, therapeutic boundaries are of utmost importance both during and after treatment.

Client Litigation

Therapist will not voluntarily participate in any litigation, or custody dispute in which Client and another individual or entity. Therapist has a policy of not communicating with Client's attorney and will generally not write or sign letters, reports, declarations, or affidavits to be used in Client's legal matter. Therapist will generally not provide records or testimony unless compelled to do so. Should Therapist be subpoenaed, or ordered by a court of law, to appear as a witness in an action involving Client, Client agrees to reimburse Therapist for any time spent for preparation, travel, or other time in which Therapist has made herself available for such an appearance at Therapist's hourly rate.

Letter or Document Writing

Therapist generally does not write letters on behalf of clients, and such is at the discretion of Therapist. Please note that document or letter writing pose additional fees (typically billed in half-hour increments corresponding to half Client's hourly session fee).

About the Therapy Process

Psychotherapy is a relationship-based intervention, the results of which are not guaranteed. Sometimes the process of psychotherapy can be uncomfortable or produce unintended outcomes, such as changes in personal relationships (anger, frustration, separation, etc.). When treating a minor, I may need to discuss sensitive issues such as drugs, sexuality, criticisms of family members, and so on. I will use discretion as to the appropriateness of these topics. If at any time, you have questions regarding the process, progress, or goals of treatment, please do not hesitate to ask me. I welcome your concerns.

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Availability

My practice is not an emergency-based practice. I am often not immediately available by phone. My voicemail can be reached at (818) 631-9608. I make every effort to return your call within 24 hours, with the exception of weekends, holidays and vacations. If I am unable to return your call, I will leave the phone number of a colleague on my answering machine. If you are in crisis, you may need to use other resources including your family physician, medicating psychiatrist, the emergency room at your local hospital, or by dialing 911 in the event of a serious emergency.

Telephone consultations between office visits are welcome. However, Therapist will attempt to keep those contacts brief due to the belief that important issues are better addressed within regularly scheduled sessions. Client is responsible for payment of the agreed upon fee (on a pro rata basis) for any telephone calls longer than 10 minutes.

Acknowledgement

Your signature below authorizes me to provide you with psychotherapy. We have discussed confidentiality, fees, cancellations, social media, litigation, letter/document writing, the nature of outpatient psychotherapy, and my availability.

Client Name

Signature of Client

Date

I understand that I am financially responsible to Therapist for all charges, including unpaid charges by my insurance company or any other third-party payor.

Name of Responsible Party

Signature of Responsible Party

Date